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CONFIRMATION NO. 3272

<b>SERIAL NUMBER</b> 10/623,328	<b>FILING OR 371(c) DATE</b> 07/18/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3709	<b>ATTORNEY DOCKET NO.</b> 98-15 D1
<b>APPLICANTS</b> Stefanie Lattner, Gibsonia, PA; Eric W. Starr, Allison Park, PA; Eugene N. Scarberry, Trafford, PA; Douglas M. Mechlenburg, Pittsburgh, PA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/817,434 03/26/2001 PAT 6,618,627 which is a CON of 09/436,857 11/09/1999 PAT 6,212,435 which claims benefit of 60/108,408 11/13/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/22/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 18
		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 30031				
<b>TITLE</b> Intraoral electromuscular stimulation device and method				
<b>FILING FEE RECEIVED</b> 834	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	